

SPECIAL EXCEPTION FORM

DEPT. PLANNING & ZONING
20 MAY 26 AM 9:53

A. GENERAL INFORMATION ABOUT APPLICANT (please type or print clearly).
Name JOHN SHEIL Date 3-1-20
Address 17 LAUREL ST MIDDLETOWN Phone (810) 918-4343
Agent _____ Phone _____

B. DESCRIPTION OF PREMISES
Owner of Record DYANA FONDA SAYBROOK COMMONS LLC
Location 373 EAST MAIN ST.
Deed Filed in Town Clerk's Office on _____
Map File# _____ Vol. & Page# _____
Zone _____ Current Use _____
Relevant Zoning Code Provision _____
NOTE: A legal description of the premises to be affected by the Special Exception must be attached to this form.

C. NATURE OF SPECIAL EXCEPTION
AUTO REPAIR AND USED CAR SALES

[Signature]
Signature of Applicant or Agent
[Signature]
Signature of Owner
*Both Signatures Required

NOTE: An approved Special Exception will not be effective until a copy of this certification is recorded in the Middletown Town Clerk's Office

The owner, applicant and/or other authorized agent hereby grant the Middletown Planning and Zoning Commission and/or its agents permission to enter upon the property for which the Special Exception application has been filled out for the purpose of inspection and enforcement of the Regulations of the City of Middletown.

Staff Comments _____

D. CERTIFICATION OF COMMISSION RESPONSE
Dates Legal Notices Published _____
Date of Public Hearing _____
Final Action: Disapproved _____ Approved _____
Zoning Regulation of which Special Exception is Granted _____
Date Notice of Decision Published _____
Effective Date _____

E. MATERIAL FILED IN TOWN CLERK'S OFFICE
_____ This Form _____ Site Plan
Other _____; Date _____

F. This is to certify that a Special Exception, as depicted on this form, was granted by the Middletown Planning and Zoning Commission.

Chairman

SE 2020-4
5/26/20

PJ. CH # 4133
\$160.00
6/26/20

Building 1 : Section 1

Year Built: 2012
Living Area: 6,900
Replacement Cost: \$234,185
Building Percent Good: 95
Replacement Cost
Less Depreciation: \$222,480

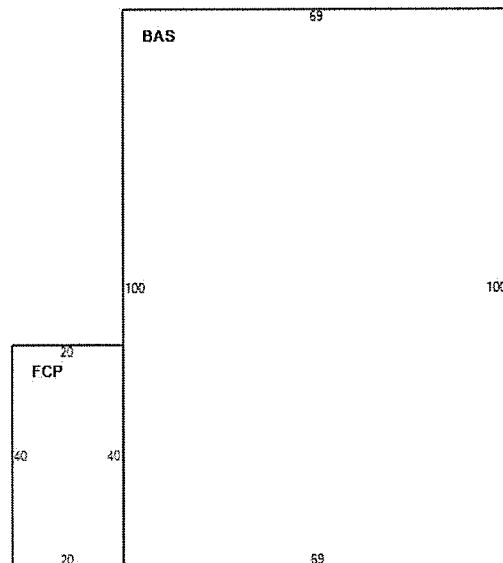
Building Attributes	
Field	Description
STYLE	Pre-Eng Garage
MODEL	Commercial
Grade	C-
Stories	1
Occupancy	1.00
Exterior Wall 1	Pre-finish Metl
Exterior Wall 2	
Roof Structure	Gable
Roof Cover	Metal/Tin
Interior Wall 1	Minimum
Interior Wall 2	
Interior Floor 1	Concrete
Interior Floor 2	
Heating Fuel	Oil
Heating Type	Forced Air
AC Type	None
Struct Class	
Bldg Use	Commercial Improv
Usrflid 215	
Usrflid 216	
Cov Parking	0
Uncov Parking	0
Percent Fin	0
1st Floor Use	
Heat/AC	None
Frame Type	Steel
Baths/Plumbing	Light
Ceiling/Walls	Susp Ceil Only
Rooms/Prtns	None
Wall Height	16.00
Usrflid 214	

Building Photo



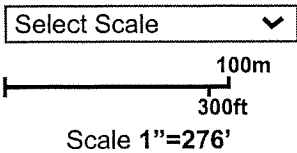
(<http://images.vgsi.com/photos/MiddletownCTPhotos/A00\02\71\10.jpg>)

Building Layout

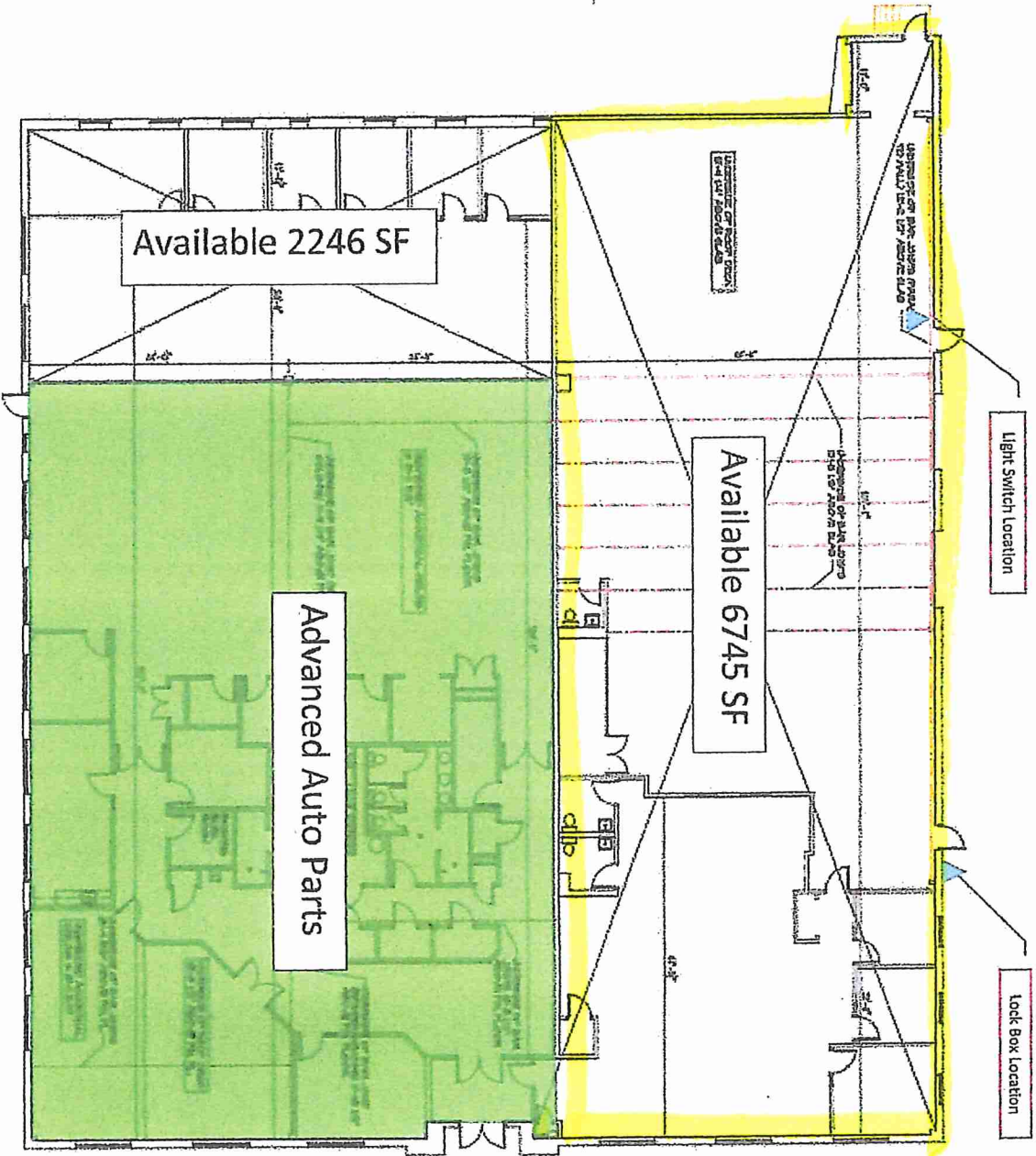


(ParcelSketch.ashx?pid=920&bid=920)

Building Sub-Areas (sq ft)			Legend
Code	Description	Gross Area	Living Area
BAS	First Floor	6,900	6,900
FCP	Carport	800	0
		7,700	6,900

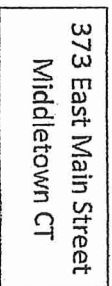


PROPOSED LOCATION OF FINETUNES LLC



JCA
JACARACI CONSTRUCTION ASSOCIATES, INC.

373 East Main Street
Middletown CT



APPLICATION FOR AUTOMOBILE DEALER'S OR REPAIRER'S LICENSE

K-7 REV. 7-2016

STATE OF CONNECTICUT DEPARTMENT OF MOTOR VEHICLES DEALERS AND REPAIRERS SECTION On The Web At ct.gov/dmv

INSTRUCTIONS:

- SECTION 1 must be completed by APPLICANT
- SECTION 2 must be completed and signed by local authorities of the city or town in which the location is proposed.
- Submit application and supporting documents to: DEPARTMENT OF MOTOR VEHICLES, DEALERS AND REPAIRERS SECTION, 60 STATE STREET, WETHERSFIELD, CT 06161-2011.

DMV USE ONLY	LICENSE NUMBER	EXAMINER INITIALS
--------------	----------------	-------------------

SECTION 1: BUSINESS INFORMATION

TYPE OF LICENSE	<input type="checkbox"/> NEW CAR DEALER	<input checked="" type="checkbox"/> USED CAR DEALER	<input type="checkbox"/> GENERAL REPAIRER	<input type="checkbox"/> LIMITED REPAIRER
-----------------	---	---	---	---

NAME UNDER WHICH BUSINESS OF APPLICANT IS TO BE CONDUCTED

FINE TUNES

E-MAIL ADDRESS

fine.tunes@snet.net

FULL ADDRESS OF LOCATION FOR WHICH LICENSE IS REQUESTED (Use separate application for each location)

373 EAST MAIN ST. MIDDLETOWN, CT 06457

MAILING ADDRESS, IF DIFFERENT FROM ABOVE

TYPE OF OWNERSHIP

☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION ☒ LLC

IF INCORPORATED OR LLC, UNDER LAWS OF WHICH STATE

CT

DEEP PERMIT IF APPLICABLE

THE BUSINESS HOLDS A FACTORY FRANCHISE TO SELL THE FOLLOWING MAKE(S) OF VEHICLE(S) AT THE ABOVE LOCATION

If applicant firm is owned by individual or partnership, enter data below for all owners. If owned by a corporation enter data for principal officers or major stockholders. If LLC, enter members and managers.

TITLE	NAME	HOME ADDRESS	DATE OF BIRTH	SEX
OWNER	JOHN SHEN	17 LAUREL ST. MIDDLETOWN 06457	09-02-1960	M

Place a check mark in the box below, stating that you have no intention to apply for, nor have applied for a Manufacturer's license. Failure to check the box, will result in a Dealer's or Repairer's license NOT being issued.

☒ I have not applied and do not intend to apply for a Manufacturer's license.

JESSICA ALICEA

NOTARY PUBLIC

MY COMMISSION EXPIRES SEPT. 30, 2023

CERTIFICATION (To be signed by Owner, Partner, Managing Member, or Authorized Officer in presence of Notary)

Pursuant to CGS 53a-157b, I declare that the statements made by me in this application or in any documents attached hereto are true and complete to the best of my knowledge and belief.

SIGNED (Owner, partner, major stockholder or authorized officer)

X [Signature]
Subscribed and sworn to before me: 12-3-2019

TITLE

Owner

SIGNED (Notary Public, Justice of Peace, or Commissioner of Superior Court)

X [Signature]

SECTION 2: CERTIFICATE OF LOCAL APPROVAL FOR PROPOSED LOCATION

Pursuant to CGS 14-54, local approval is hereby granted for the above named firm or individual to conduct a business of the type checked below at the location specified in this application.

Signatures of Building Official and Fire Marshal indicate compliance with applicable laws and regulations.

Are there any restrictions placed on the licensee's use of the property? ☐ NO ☐ YES (If "YES", a copy of the restrictions **MUST** be attached to this application.)

SIGNATURE OF AUTHORIZED OFFICIAL	PRINT	TITLE	DATE
<u>X</u>			
TYPE OF BUSINESS APPROVED		PROPOSED LOCATION ADJOINS	
<input type="checkbox"/> NEW CAR DEALER	<input checked="" type="checkbox"/> USED CAR DEALER	<input type="checkbox"/> STATE HIGHWAY	<input type="checkbox"/> LOCAL ROAD
<input type="checkbox"/> GENERAL REPAIRER	<input type="checkbox"/> LIMITED REPAIRER	PAGE 1 OF <u> </u>	
SIGNATURE OF BUILDING OFFICIAL	PRINT	DATE	
<u>X</u>			
SIGNATURE OF LOCAL FIRE MARSHAL	PRINT	DATE	
<u>X</u>			

APPLICATION FOR AUTOMOBILE DEALER'S
OR REPAIRER'S LICENSE

K-7 REV. 7-2016

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
DEALERS AND REPAIRERS SECTION
On The Web At ct.gov/dmv

DMV USE ONLY LICENSE NUMBER EXAMINER INITIALS

G S 14-54

DEPT. PLANNING & ZONING
19 NOV 33 PM 02
860 344-1883

INSTRUCTIONS:

- SECTION 1 must be completed by APPLICANT
- SECTION 2 must be completed and signed by local authorities of the city or town in which the location is proposed.
- Submit application and supporting documents to: DEPARTMENT OF MOTOR VEHICLES, DEALERS AND REPAIRERS SECTION, 60 STATE STREET, WETHERSFIELD, CT 06161-2011.

SECTION 1: BUSINESS INFORMATION

TYPE OF LICENSE ☐ NEW CAR DEALER ☒ USED CAR DEALER ☐ GENERAL REPAIRER ☐ LIMITED REPAIRER

NAME UNDER WHICH BUSINESS OF APPLICANT IS TO BE CONDUCTED

FINE TUNES

E-MAIL ADDRESS

fine.tunes@spet.net

FULL ADDRESS OF LOCATION FOR WHICH LICENSE IS REQUESTED (Use separate application for each location)

373 EAST MAIN ST. MIDDLETOWN, CT 06457

MAILING ADDRESS, IF DIFFERENT FROM ABOVE

TYPE OF OWNERSHIP

☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION ☒ LLC

IF INCORPORATED OR LLC, UNDER LAWS OF WHICH STATE

CT

DEEP PERMIT IF APPLICABLE

THE BUSINESS HOLDS A FACTORY FRANCHISE TO SELL THE FOLLOWING MAKE(S) OF VEHICLE(S) AT THE ABOVE LOCATION

If applicant firm is owned by individual or partnership, enter data below for all owners. If owned by a corporation enter data for principal officers or major stockholders. If LLC, enter members and managers.

TITLE	NAME	HOME ADDRESS	DATE OF BIRTH	SEX
OWNER	JOHN SHEN	17 LAUREL ST. MIDDLETOWN 06457	09-02-1960	M

Place a check mark in the box below, stating that you have no intention to apply for, nor have applied for a Manufacturer's license. Failure to check the box, will result in a Dealer's or Repairer's license NOT being issued.

☒ I have not applied and do not intend to apply for a Manufacturer's license.

JESSICA ALICEA

NOTARY PUBLIC

MY COMMISSION EXPIRES SEPT. 30, 2023

CERTIFICATION (To be signed by Owner, Partner, Managing Member, or Authorized Officer in presence of Notary)

Pursuant to CGS 53a-157b, I declare that the statements made by me in this application or in any documents attached hereto are true and complete to the best of my knowledge and belief.

SIGNED (Owner, partner, major stockholder or authorized officer)

☒ Subscribed and sworn to before me: 12-3-2019

TITLE

Owner

SIGNED (Notary Public, Justice of Peace, or Commissioner of Superior Court)

☒

SECTION 2: CERTIFICATE OF LOCAL APPROVAL FOR PROPOSED LOCATION

Pursuant to CGS 14-54, local approval is hereby granted for the above named firm or individual to conduct a business of the type checked below at the location specified in this application.

Signatures of Building Official and Fire Marshal indicate compliance with applicable laws and regulations.

Are there any restrictions placed on the licensee's use of the property?

☒ NO ☐ YES (If "YES", a copy of the restrictions MUST be attached to this application.)

SIGNATURE OF AUTHORIZED OFFICIAL

PRINT

TITLE

DATE

X

TYPE OF BUSINESS APPROVED

☐ NEW CAR DEALER ☒ USED CAR DEALER ☐ GENERAL REPAIRER ☐ LIMITED REPAIRER

PROPOSED LOCATION ADJOINS

☐ STATE HIGHWAY ☐ LOCAL ROAD

PAGE 1 OF

SIGNATURE OF BUILDING OFFICIAL

PRINT

DATE

X

SIGNATURE OF LOCAL FIRE MARSHAL

PRINT

DATE

X James M. Mastbroccanni

James M. Mastroianni

12/3/2019

860-344-1883 WORK

860-918-4443 cell